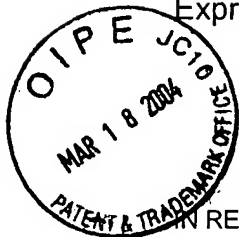


Express Mail Label EV336676198US



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: CHARLES C. WYATT *ET AL.*

APPLICATION NO.: 10/657,727

FILED: SEPTEMBER 8, 2003

FOR: **PERSONAL WARMING SYSTEMS AND
APPARATUSES FOR USE IN HOSPITALS
AND OTHER SETTINGS, AND
ASSOCIATED METHODS OF
MANUFACTURE AND USE**

EXAMINER: UNKNOWN

ART UNIT: 3742

CONF. No: 8899

Preliminary Amendment

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

Prior to examination on the merits, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2.

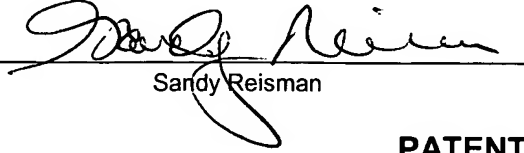
03-22-04

Attorney Docket No. 329228001US5

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as Express Mail Label EV336676198US in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: March 18, 2004

By:


Sandy Reisman

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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EXAMINER: UNKNOWN

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Transmittal of Preliminary Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. Transmitted herewith are the following:

- ☒ Preliminary Amendment
- ☐ Petition for -Month Extension of Time
- ☐ Terminal Disclaimer
- ☐ Sequence Listing printout, floppy diskette, matching declaration
- ☐ Information Disclosure Statement, Form PTO-1449 (modified),
References
- ☐ Check in the amount of \$.

2. Entity Status

- ☒ Applicants claim Small Entity Status (37 C.F.R. § 1.27).

3. Conditional Petition for Extension of Time:

Applicant petitions for an Extension of Time, if necessary, for timely submission of this transmittal and enclosures.

4. Fee Calculation and Payment

For:	(Col. 1) No. Filed	(Col. 2) No. Extra	Small Entity			Other Than a Small Entity	
			Rate	Fee	Rate	Fee	
Total Claims	102 - 102	0	x \$ 9 =	\$0.00	or	x \$ 18 =	\$
Independent Claims	9 - 9	0	x \$43 =	\$0.00	or	x \$ 86 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145 =	\$	or	+ \$290 =	\$
<input type="checkbox"/> Extension of Time Fee				\$			\$
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$0.00	or	TOTAL	\$

5. Provisional Fee Authorization

Please charge any underpayment in fees for timely filing of this transmittal and enclosures to Deposit Account No. 50-0665.

Respectfully submitted,
Perkins Coie LLP



Stephen E. Arnett
Registration No. 47,392

Correspondence Address:

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(206) 359-8000